

LEE COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SECTION

On-Site Wastewater System Repair Application

Permit # \_\_\_\_\_ Date: \_\_\_\_\_ Tax Map # \_\_\_\_\_

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Location/Address of Property \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Size \_\_\_\_\_

Type of Establishment: Residence ☐ Business ☐ Other (Describe) \_\_\_\_\_

# Bedrooms \_\_\_\_\_ # Occupants \_\_\_\_\_ Maximum Dimensions of Building \_\_\_\_\_

Basement ☐ Yes ☐ No Plumbing Fixtures in Basement ☐ Yes ☐ No

Water Supply ☐ Public ☐ Private ☐ Other \_\_\_\_\_

Date the property was originally deeded/Recorded \_\_\_\_\_

Are any of the following located on the property? If yes show on plat

Existing Wastewater Systems ☐ Yes ☐ No Easements or Rights of Way ☐ Yes ☐ No

Wells, springs, or existing Water Lines ☐ Yes ☐ No Designated Wetlands ☐ Yes ☐ No

Streams, impoundments, watershed, or 100 yr Flood Plain ☐ Yes ☐ No

**YOU MUST SUBMIT A PLAT OF YOUR PROPERTY WITH THIS APPLICATION**

Also, include a site plan showing: The location of the residences or building, water supply, decks, porches, and any other improvements such as pools, driveways, and other structures.

The Improvement Permit issued pursuant to this application shall not be affected by change in ownership, provided that the site and facility the wastewater system services are unchanged.

The applicant is strongly encouraged to determine and comply with any applicable zoning authority having jurisdiction over this property, and comply with any and all requirements which will need to be met before improvements are made to this property.

The undersigned person hereby agrees that he/she has read this application. It is understood that any permits issued hereafter are subject to suspension or revocation if the site plans or the intended use change, or if information in this application is falsified or changed.

Owner/ Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## Homeowner Interview Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (H) \_\_\_\_\_  
\_\_\_\_\_ (W) \_\_\_\_\_  
\_\_\_\_\_ (C) \_\_\_\_\_

Installer of System: \_\_\_\_\_

Septic Tank Pumper: \_\_\_\_\_

Designer of System: \_\_\_\_\_

1. Number of people who live in home? \_\_\_\_\_  
How many adults? \_\_\_\_\_ How many children? \_\_\_\_\_
2. What is your average daily water usage? \_\_\_\_\_
3. Do you have a garbage disposal? \_\_\_\_\_  
How often do you use it? \_\_\_\_\_
4. When was the septic tank last pumped? \_\_\_\_\_  
How often do you have it pumped? \_\_\_\_\_
5. Do you have a dishwashing machine? \_\_\_\_\_  
How often do you use it? \_\_\_\_\_
6. Do you have a clothes washing machine? \_\_\_\_\_  
How often do you use it? \_\_\_\_\_
7. Do you have a water softener or water treatment system? \_\_\_\_\_  
Where does it drain? \_\_\_\_\_
8. Do you use an "in the tank" toilet bowl sanitizer? \_\_\_\_\_
9. Are any household cleaning chemicals put down the drain? \_\_\_\_\_  
What kinds? \_\_\_\_\_
10. Are any chemicals (paints, thinners, etc.) disposed down the drain? \_\_\_\_\_  
What kinds? \_\_\_\_\_
11. Have any new water using fixtures been added since the system was installed? \_\_\_\_\_  
What kinds? \_\_\_\_\_  
List plumbing fixtures (like spas, whirlpools) other than sinks, lavatories, bath/showers and toilets: \_\_\_\_\_  
\_\_\_\_\_
12. Do you have an underground lawn-watering system? \_\_\_\_\_

13. Has any site work been done to the house since you moved in, such as underground roof gutter drains, basement/foundation drains, landscaping, etc.? \_\_\_\_\_  
What Kinds? \_\_\_\_\_
14. Are there any underground utilities on your lot? \_\_\_\_\_  
Check which types:  
Power: \_\_\_\_\_ Phone: \_\_\_\_\_ Cable: \_\_\_\_\_ Gas: \_\_\_\_\_ Water: \_\_\_\_\_
15. Describe what happens when you have a problem with your septic system:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. When did you first notice the problem? \_\_\_\_\_
17. Does the problem seem to be linked to a specific event (washing clothes, heavy rains, company coming over, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_